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TRANSMITTAL SHEETNumber of pages being sent 22 (including this page)**DATE:** January 16, 2003

2811

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1. Art Unit 2811	United States Patent and Trademark Office	703-308-7722	

FROM: Donald W. Muirhead**DIRECT DIAL:****REMARKS:** For U.S. Application Serial No.: 09/550,405**TIME SENT:** _____ **OPERATOR:** _____ **CLIENT NO.** _____

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Eiji IO

Appl. No.: 09/550,405

Filed: April 14, 2000

For: SEMICONDUCTOR DEVICE HAVING
A HIGH BREAKDOWN VOLTAGE
(AMENDED)

:
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: Art Unit: 2811

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: Examiner: Ori NADAV

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: Atty Docket: APM-01301
:
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#25/E
1-29-03
Jew

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that the foregoing document is being faxed to Art Group 2811 (fax no. (703) 308-7722), United States Patent Office, Commissioner of Patents, Washington, DC 20231 on January 16, 2003.


Tracey Newell

RESPONSE TO COMMUNICATION

Commissioner for Patents
Washington, D.C. 20231

Sir:

In response to the Communication from the Examiner dated December 27, 2002, regarding the amendment which was filed on August 28, 2002 in the above-referenced patent application, Applicant hereby submits another copy of that amendment containing a clean version of claim 6.

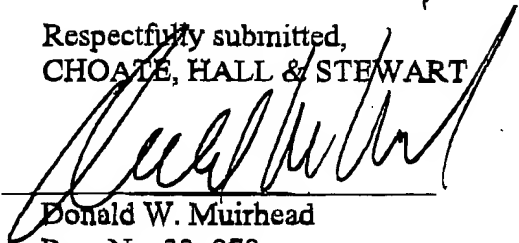
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Should there be any questions after reviewing this paper, the Examiner is invited to contact the undersigned at 617-248-4038.

Respectfully submitted,
CHOATE, HALL & STEWART

January 16, 2003

Date


Donald W. Muirhead
Reg. No. 33, 978

Patent Group
Choate, Hall & Stewart
Exchange Place
53 State Street
Boston, MA 02109-2804

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AMENDMENT TRANSMITTAL LETTER				Docket Number APM-01301																																											
Application Number 09/550,405	Filing Date April 14, 2000	Examiner O. Nadav	Group Art Unit 2811																																												
Invention Title SEMICONDUCTOR DEVICE AND METHOD OF FABRICATING THE SAME																																															
<p>TO THE COMMISSIONER FOR PATENTS</p> <p>Transmitted herewith is an amendment in the above-identified application, including:</p> <p><input checked="" type="checkbox"/> (X) Amendment and Response; and</p> <p><input checked="" type="checkbox"/> (X) Return Receipt Postcard.</p> <p style="text-align: center; margin-top: 20px;">CLAIMS AS AMENDED</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 10%; text-align: center;">(1)</th> <th style="width: 10%;"></th> <th style="width: 10%; text-align: center;">(2)</th> <th style="width: 10%; text-align: center;">(3)</th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> </tr> <tr> <th></th> <th>CLAIMS REMAINING AFTER AMENDMENT</th> <th></th> <th>HIGHEST NUMBER PREVIOUSLY PAID FOR</th> <th>PRESENT NUMBER EXTRA</th> <th>RATE</th> <th>FEE</th> </tr> </thead> <tbody> <tr> <td>TOTAL CLAIMS</td> <td>15</td> <td>minus</td> <td>20</td> <td>0</td> <td>x \$18</td> <td>\$ 0</td> </tr> <tr> <td>INDEPENDENT CLAIMS</td> <td>2</td> <td>minus</td> <td>3</td> <td>0</td> <td>x \$80</td> <td>\$ 0</td> </tr> <tr> <td>MULTIPLE DEPENDENT CLAIM ADDED</td> <td colspan="4"></td> <td>\$270</td> <td></td> </tr> <tr> <td colspan="5"></td> <td>TOTAL</td> <td>\$ 0</td> </tr> </tbody> </table> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.</p> </div> <div style="width: 50%; text-align: right;"> <p>SMALL ENTITY TOTAL \$</p> </div> </div> <p style="margin-top: 10px;"> * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the highest number previously paid for IN THIS SPACE is less than 20, enter "20." *** If the highest number previously paid for IN THIS SPACE is less than 3, enter "3." The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1. </p> <div style="margin-top: 20px;"> <p><input type="checkbox"/> () Please charge Deposit Account Number 501136 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> () A check in the amount of \$0.00 to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> (X) Please credit any overpayment and/or charge any additional filing fees required under 37 CFR §§ 1.16 and 1.17 to our Deposit Account Number 501136.</p> </div> <div style="margin-top: 30px; text-align: right;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="font-size: small;">I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on August 28, 2002.</p> <p><i>Tracey Newell</i> Tracey Newell</p> </div> <div style="margin-top: 10px; text-align: center;"> <p>FAX RECEIVED</p> </div> </div> <div style="margin-top: 20px;"> <p><i>Donald W. Muirhead</i> Donald W. Muirhead, Reg. No. 33,978</p> <p>Date: August 28, 2002</p> </div>							(1)		(2)	(3)				CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE	FEE	TOTAL CLAIMS	15	minus	20	0	x \$18	\$ 0	INDEPENDENT CLAIMS	2	minus	3	0	x \$80	\$ 0	MULTIPLE DEPENDENT CLAIM ADDED					\$270							TOTAL	\$ 0
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